

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BD.
hd
2008 MAY 30 PM 12:48

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT WES WHITEAD

IMPORTANT: Indicate by # type of committee you are reporting for: 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

MR. WES WHITEAD

Political Party (if applicable)
DEMOCRAT

Office Sought

LEGISLATOR

District (if Senate or House)
IA HOUSE DIST. 1

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1444</u>
Logged In	
Scanned	
Computer	
Audited	<u>60 pages</u>

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

[Signature]
SIGNATURE OF PERSON FILING REPORT

(712) 255-8094

TELEPHONE

5/30/08

DATE SIGNED

I AM FILING A 5/30/08

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 2,634.67

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

448.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL..... \$

3,082.67

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

189.39

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 2,893.28

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$ 0.00

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$ 1,785.52

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$ 0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT WES WHITEAD

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
5/17/08	ID# CK# 3667	DAVID SOMSKY 4510 4TH AVENUE SIOUX CITY, IA 51106		\$25.00	<input checked="" type="checkbox"/>
5/17/08	ID# CK# 2872	CAROLYN GOODWIN 3519 ALPINE AVENUE SIOUX CITY, IA 51106		20.00	<input checked="" type="checkbox"/>
5/17/08	ID# CK# 7106	K. ANNE COWLEY 413 ETON COURT SIOUX CITY, IA 51104		25.00	<input checked="" type="checkbox"/>
5/17/08	ID# CK# 2691	MARK M. MONSON 300 -3RD STREET SERGEANT BLUFF, IA 51054		25.00	<input checked="" type="checkbox"/>
5/17/08	ID# CK# 9828	MIRIAM CLAYTON 1504 W. 4TH STREET SIOUX CITY, IA 51103		15.00	<input checked="" type="checkbox"/>
5/17/08	ID# CK# 9136	JACKIE WARNSTADT 4628 CENTRAL AVENUE SIOUX CITY, IA 51108		50.00	<input checked="" type="checkbox"/>
5/17/08	ID# CK# 2965	MARY ANN SCHULDT 3009 S. CORAL STREET SIOUX CITY, IA 51106		10.00	<input checked="" type="checkbox"/>
5/17/08	ID# CK# 3689	JACLYN SMITH 2324 MOHAWK CT. SIOUX CITY, IA 51104		20.00	<input checked="" type="checkbox"/>
5/17/08	ID# CK# 2953	RITA WILSON 4352 N. FIELDCREST DRIVE SIOUX CITY, IA 51103		15.00	<input checked="" type="checkbox"/>
5/17/08	ID# CK# 2131	JERRY L. MOORE 1207 S. CECILIA ST. SIOUX CIT, IA 51106		50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 255.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT WES WHITEAD

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
5/17/08	ID# CK# 2401	CARLOS VENABLE-RIDLEY P.O. BOX 2538 SIOUX CITY, IA 51106		\$50.00	<input checked="" type="checkbox"/>
5/17/08	ID# CK#	UNITEMIZED CASH CONTRIBUTION		20.00	<input checked="" type="checkbox"/>
5/17/08	ID# CK#	UNITEMIZED CASH CONTRIBUTION		20.00	<input checked="" type="checkbox"/>
5/17/08	ID# CK#	UNITEMIZED CASH CONTRIBUTION		20.00	<input checked="" type="checkbox"/>
5/17/08	ID# CK#	UNITEMIZED CASH CONTRIBUTION		20.00	<input checked="" type="checkbox"/>
5/17/08	ID# CK#	UNITEMIZED CASH CONTRIBUTION		10.00	<input checked="" type="checkbox"/>
5/17/08	ID# CK#	UNITEMIZED CASH CONTRIBUTION		10.00	<input checked="" type="checkbox"/>
5/17/08	ID# CK#	UNITEMIZED CASH CONTRIBUTION		10.00	<input checked="" type="checkbox"/>
5/17/08	ID# CK#	UNITEMIZED CASH CONTRIBUTION		10.00	<input checked="" type="checkbox"/>
5/17/08	ID# CK#	UNITEMIZED CASH CONTRIBUTION		10.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 180.00	
TOTAL (if last page of this schedule)				\$	

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SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE TO ELECT WES WHITEHEAD

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
5/17/08	ID# CK#	UNITEMIZED CASH CONTRIBUTION		\$5.00	<input checked="" type="checkbox"/>
5/17/08	ID# CK#	UNITEMIZED CASH CONTRIBUTION		13.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 18.00	
TOTAL (if last page of this schedule)				\$ 448.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT WES WHITEAD

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/21/08	ID# CK# 1129	MAIL HOUSE INC. P.O. BOX 1105 SIOUX CITY, IA 51102	410 ITEMS FOR MAILING AND POSTAGE	\$ 189.39
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 189.39
TOTAL (if last page of this schedule)				\$ 189.39

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
COMMITTEE TO ELECT WES WHITEAD

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SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
5/21-22/08	IOWA HOUSE TRUMAN FUND 5661 FLEUR DRIVE DES MOINES, IA 50321		MAILING AND POSTAGE	\$ 1,785.52	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 1,785.52	
TOTAL (If last page of this schedule)				\$ 1,785.52	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)